

## All-State Medicaid and CHIP Call January 10, 2023



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# Agenda

- CIB: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023
- System Readiness Artifacts: A Refresher on Medicaid Enterprise Systems Artifacts for Unwinding
- Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations
- Open Mic Q and A

# Section 1135 Waiver, Disaster Relief SPA and Appendix K Resources

- All State Calls
  - May 11, 2021 – slides available here: <https://www.medicaid.gov/sites/default/files/2021-05/allstatecall-20210511.pdf>
  - February 15, 2022 – slides available here: <https://www.medicaid.gov/resources-for-states/downloads/covid19allstatecall02152022.pdf>
- State Health Official or State Medicaid Director Letters
  - December 2020 State Health Official Letter #20-004 is available here: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>
  - May 2021 State Medicaid Director Letter #21-003 is available here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

# CIB: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard,  
Mail Stop 52-26-12  
Baltimore, Maryland 21244-1850



## *CMCS Informational Bulletin*

**DATE:** January 5, 2023  
**FROM:** Daniel Tsai, Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
**SUBJECT:** **Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023**

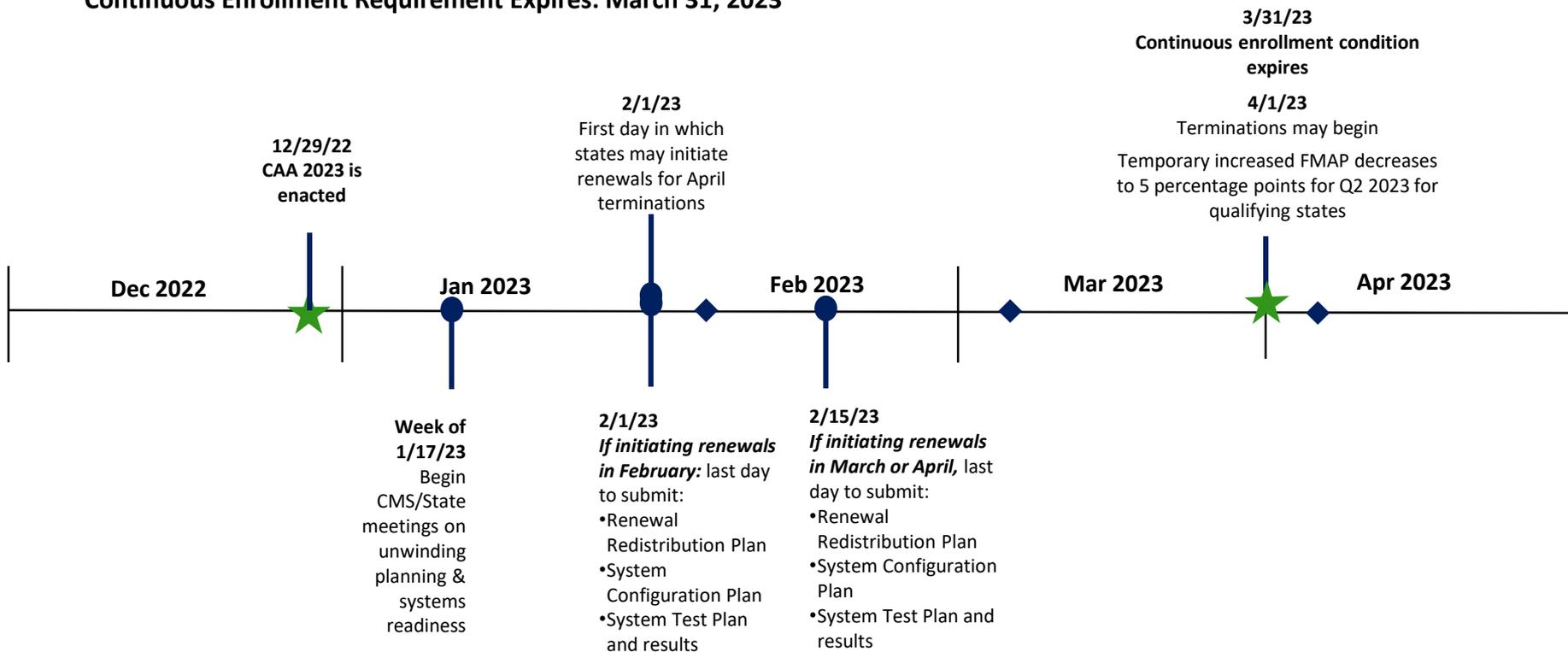
On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.<sup>1</sup> Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding”.<sup>2</sup> The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

- On January 5th, 2023, CMS released a CIB that updates and revises key due dates for certain state unwinding deliverables and activities, in light of the enactment of the CAA, 2023.
- The CIB is available at:  
[https://www.medicaid.gov/sites/default/files/2023-01/cib010523\\_1.pdf](https://www.medicaid.gov/sites/default/files/2023-01/cib010523_1.pdf)

## Consolidated Appropriations Act (CAA), 2023 Enacted December 29, 2022

### Continuous Enrollment Requirement Expires: March 31, 2023

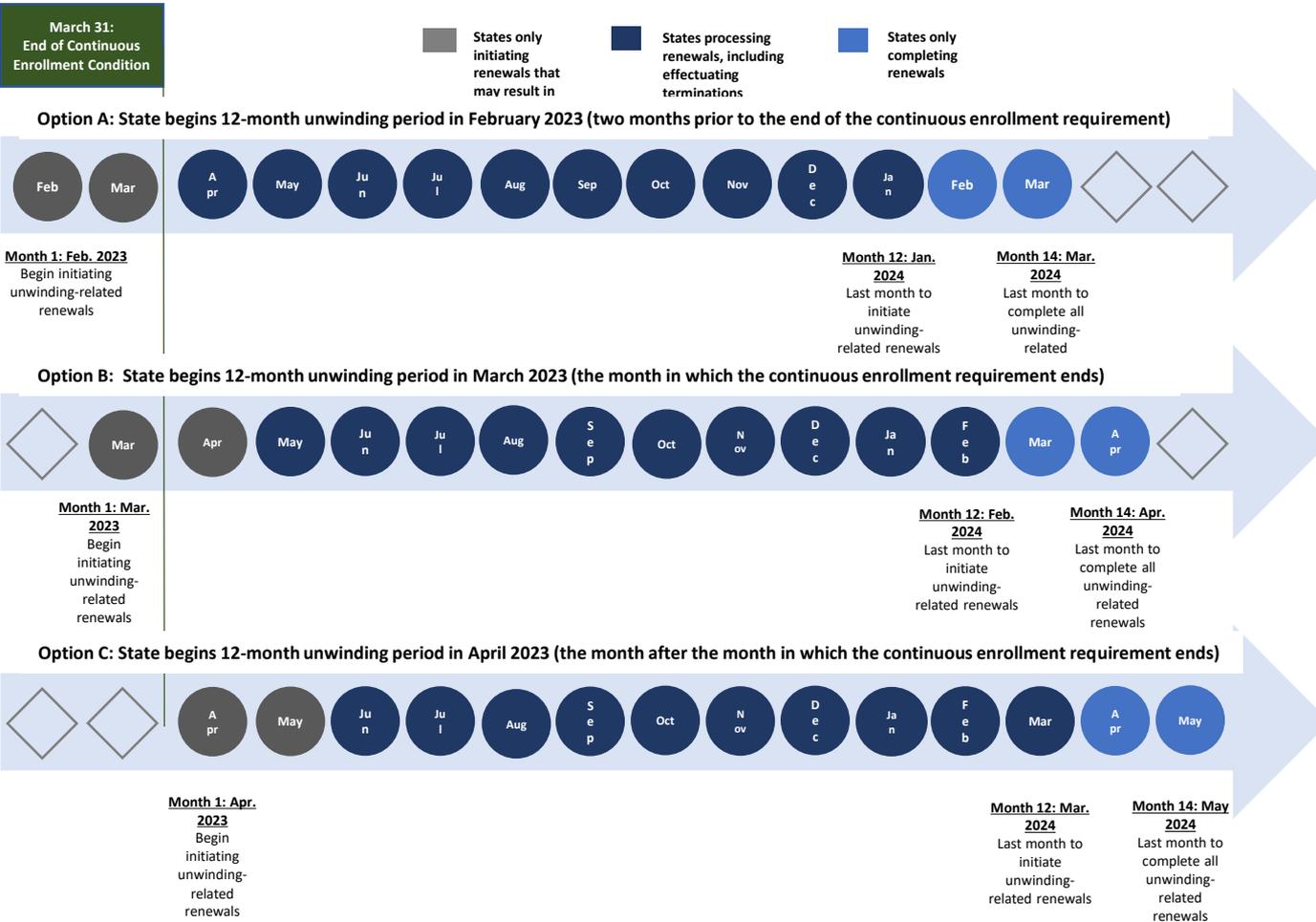


★ Key CAA 2023 milestones

● State actions related to renewals and key timelines for submission of deliverables to CMS

◆ Data reporting: Baseline unwinding data submission dates will vary by state and will be due on either 2/8/2023, 3/8/2023, or 4/8/2023. Thereafter, monthly unwinding data submissions will be due on the 8<sup>th</sup> of the month. Additionally, state data submissions through the Medicaid and CHIP Performance Indicator dataset are also due on the 8<sup>th</sup> each month, and state data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset are due before the end of the subsequent calendar month.

# Example 1: Unwinding Timeline for State with a 60-day Renewal Process



# Example 1: Unwinding Timeline for State with a 60-day Renewal Process

**March 31:**  
End of Continuous Enrollment Condition

States only initiating renewals that may result in terminations<sup>1</sup>

States processing renewals, including effectuating terminations

States only completing renewals

**Option A: State begins 12-month unwinding period in February 2023 (two months prior to the end of the continuous enrollment requirement)**



**Option B: State begins 12-month unwinding period in March 2023 (the month in which the continuous enrollment requirement ends)**



**Option C: State begins 12-month unwinding period in April 2023 (the month after the month in which the continuous enrollment requirement ends)**



# Unwinding Systems Artifacts Refresher

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January 6, 2023

**System Readiness Artifacts: A Refresher on Medicaid Enterprise Systems Artifacts for Unwinding**

Most states made changes to their eligibility and enrollment (E&E) systems in response to the COVID-19 Public Health Emergency (PHE) and the continuous enrollment condition of the Families First Coronavirus Response Act (FFCRA). Though the type and degree of system changes vary by state, almost all states will need to make changes to their Medicaid Enterprise Systems (MES) in order to resume full renewal processes when redeterminations are to take place. These changes may include functionality related to terminating eligibility and coverage of ineligible individuals, re-starting electronic verifications, or making updates to notices. Given that states have also continued work on new or ongoing Medicaid Enterprise System (MES) projects, states will need to identify all necessary changes and test their renewal processes to ensure system readiness prior to returning to normal operations.

Before the initiation of renewals as a result of the continuous enrollment condition expiration, states will be required to submit certain routine documents to CMS to demonstrate system readiness. The chart below highlights how unwinding should be reflected in the testing artifacts states develop and maintain as part of their ongoing systems projects.

System Readiness Artifacts <sup>1</sup>	
<b>Configuration Plan</b> 	<ul style="list-style-type: none"><li>States may also refer to this document as an Implementation Plan.</li><li>The Configuration plan identifies how the state will test the changes made to the system to return to resume normal operations and resume a full renewal process. The state should also include changes related to any PHE-related flexibilities the state intends to end or extend when returning to normal operations.</li></ul>
<b>Test Plan</b> 	<ul style="list-style-type: none"><li>The test plan documents how the state will implement testing of each component/module of the system to ensure that the state will be able to return to normal operations</li><li>The test plan should include at a minimum the testing stakeholders, names the types of testing (End to end, UAT, etc.), entry and exit criteria, test data requirements, describes the testing environment, testing schedule, and defect management process including tracking, analyzing and resolution.</li><li>Limitations, risks, and related mitigations are typically identified in the plan.</li></ul>
<b>Test Results</b> 	<ul style="list-style-type: none"><li>Test results document the results of what is executed in the test plan. The results provided should clearly connect to and flow from the test plan framework and at a minimum, test results should be mapped to a requirement and the impact to eligibility functionality should be clear.</li><li>State should also provide an acceptance testing report for each user story/use case with summary metrics indicating a percent pass and percent fail rate.</li><li>Found defects should be named and align with the schedule for resolution in the testing plan. Limitations and risks should be specifically named.</li></ul>

- On January 6th, 2023, CMS released a tool that explains certain routine documents states will need to submit to CMS to document systems readiness before the initiation of renewals as a result of the continuous enrollment condition expiration.
- The Systems Artifacts Refresher is available at:  
<https://www.medicaid.gov/sites/default/files/2023-01/systems-readiness-art-refresher-01062023.pdf>

# Updated Health Plan Strategy Deck



**Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations**  
JANUARY 2023 UPDATE



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- On January 6th, 2023, CMS released an updated deck that provides new examples and scenarios of ways health plans can engage with states and beneficiaries to support continuity of coverage during unwinding.
- The Updated Health Plan Strategy Deck is available at:  
<https://www.medicare.gov/sites/default/files/2023-01/health-plan-strategy-jan-2023.pdf>

# Contents

## Scenarios:

1. Helping Individuals Complete the Renewal Process
2. Helping Individuals Found Ineligible for Medicaid/CHIP
3. Supporting Reenrollment when the Termination Reason is Unclear
4. Helping Individuals Enroll in a Marketplace QHP
5. Leveraging Marketplace Agents and Brokers

## Reminders:

- Providing Application and Renewal Assistance
- Outreach and Communications
- Data Sharing

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# Questions

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